S. Department of Labor ce of Labor-Management Standards Vashington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

_	For Official Herion
:	AUG-92005
	SURDIN

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E X GROD	
File Number U - TYOO!	2. Fiscal Year Covered From:
v.	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Darrell A. Moody	Name Carpenters Local 183
<b>,</b>	Labor Organization File Number 295572
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 12 Country Ln.	Street 2412 N. Main St.
City East Peonia	City East Peoria
State IL ZIP Code + 4 4/6/1	State 12 ZIP Code + 4 6 1 6 1 1
5. Position in labor organization.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Mid-Central IL Regional Council of Carpenters.  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street / Ralmia Way	
City Spring field	\$ 148.00
State IL ZIP Code + 4 62702	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Danell A. Mordy	On 8/21/05 309/498-1830